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## COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

## SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

<del>_</del>	
Manuel Contreras	
ame of Traveler:	······································
mploying Office/Committee: HELP	
Jobs for the Future rivate Sponsor(s) (List all):	
August 29-31, 2017	
RE-1 (final ve Description/Title of Attached Forms:	
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urpose of Amendment (describe the reason for ame	· · · · · · · · · · · · · · · · · · ·
nust be amended with the Office of Public Reco	oras in SM-232.
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10/23/17	1121
<u> </u>	
(Date)	(Signature of Traveler)

Date/Time Stamp:

## EMPLOYEE PRE-TRAVEL AUTHORIZATION

<u>Pre-Travel Filing Instructions</u>: Complete and submit this form at least 30 days prior to the travel departure date to the Select Committee on Ethics in SH-220. Incomplete and late travel submissions will <u>not</u> be considered or approved. This form <u>must</u> be typed and is available as a fillable PDF on the Committee's website at ethics.senate.gov. Retain a copy of your entire pre-travel submission for your required post-travel disclosure

required post-travel discrosure.	
Name of Traveler:	Manuel Contreras
Employing Office/Committee:	Senate HELP Committee
Jobs for the Fut Private Sponsor(s) (list all):	ture · MC
August 29 - 31 2017 Travel date(s):	
Note: If you plan to extend the trip for	any reason you <u>must</u> notify the Committee.
Destination(s): Eastern Kentucky (Middles	sboro, Benham, Hazard, Pikeville, and Paintville)
Explain how this trip is specifically connected	to the traveler's official or representational duties:
in rural areas, including Eastern Kent	and higher education issues that have particular challenges tucky. The trip will allow me to better assist the HELP cate and associate degree programs at a variety of institutions
Name of accompanying family member (if any	)·
Relationship to Employee: Spouse C	
I certify that the information contained in this f	form is true, complete and correct to the best of my knowledge:
2/27/17	
(Date)	(Signature of Employee)
TO BE COMPLETED BY SUPERVISING SENAT Secretary for the Majority, Secretary for the Minori	TOR/OFFICER (President of the Senate, Secretary of the Senate, Sergeant at Arn ity, and Chaplain):
Senator Patty Murray	Manuel Contreras  hereby authorize
(Print Senator's/Officer's Name)	(Print Traveler's Name)
related expenses for travel to the event describe	ecept payment or reimbursement for necessary transportation, lodging, and ed above. I have determined that this travel is in connection with his or her, and will not create the appearance that he or she is using public office for
I have also determined that the attendance of the of the Senate. (signify "yes" by checking box)	he employee's spouse or child is appropriate to assist in the representation
7/28//7	Patts Munes
(Date)	(Signature of Supervising Senator/Officer)